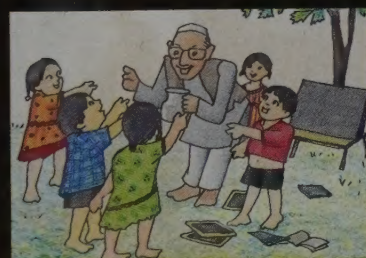
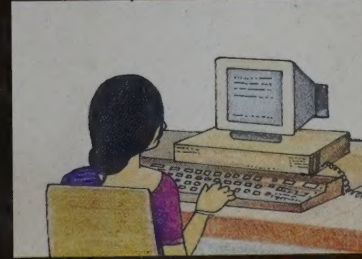
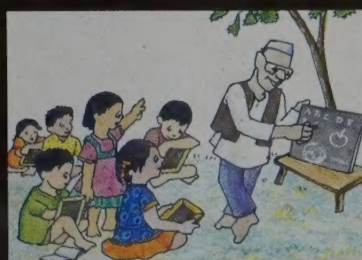


GROWING UP HEALTHY!



02317



Growing up Healthy

An Alternative

COMMUNITY HEALTH CELL

Implementation of
Child-to-Child Programme
in Rural and Tribal Schools of
Gujarat and Rajasthan.

1987-1990

by
CHETNA TEAM

Prepared for
Aga Khan Foundation (India)

Foreword
Preface

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This document contains the strategy, approach and methodology utilised by the **Centre for Health Education, Training and Nutrition Awareness (CHETNA)** for initiating, implementing and popularising the Child-to-Child approach through formal and non-formal schools of Gujarat and Rajasthan in India. Technical and financial support for the project was provided by the Aga Khan Foundation (India) (AKFI).

Child health and development is an area of programmatic interest to the **Aga Khan Foundation**. The Foundation has sponsored several Child-to-Child projects in India. These projects have differed in setting, scale, mode of implementation, content and other aspects. They have provided a unique opportunity for studying the possibilities of applying the Child-to-Child approach in a variety of contexts and the nature of difficulties that can be anticipated.

CHETNA, an activity of the Nehru Foundation for Development, is a non-governmental organisation (NGO) based in Ahmedabad, Gujarat. Its mission is to empower disadvantaged women and children by assisting them to gain control over their own health and that of their family and community. This process includes imparting appropriate training and education to members of the community and emphasising on the preventive and promotive aspects of health, nutrition and child care. It also develops a variety of health education materials.

Any part of this document may be used by any institution or individual for educational purposes with due acknowledgement to CHETNA.

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The document contains the strategy, approach and methodology followed by the Centre for Health Education, Training and Publication (CHETP) for training, facilitating and providing the Child-to-Child approach through formal and non-formal means in Gujarat and Rajasthan in India. Technical and financial support for the project was provided by the Aga Khan Foundation (AKF).

Child health and development is an area of programme interest to the Aga Khan Foundation. The Foundation has sponsored several Child-to-Child projects in India. These projects have resulted in many areas of experimentation, content and other aspects that have provided a unique opportunity for studying the possibilities of applying the Child-to-Child approach in a variety of contexts and the nature of the process that can be envisioned.

CHETP, an arm of the Aga Khan Foundation for Development, is a non-governmental organization (NGO) based in Ahmedabad, Gujarat. Its mission is to empower disadvantaged women and children by enabling them to gain control over their own health and that of their family and community. The project includes training, support, and monitoring in the selection, in the training of the community and implementation of the project. It also develops a series of health education materials.

Very part of the document may be used by any institution or individual for any purpose without the acknowledgment to CHETP.

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It is becoming increasingly evident that the progress of nations is intimately interlinked with the developmental status of its children, who are a vulnerable and important human resource of the country. Children below fifteen years constitute 40% of the total population in India and it is usual to find most of them taking care of their younger siblings. This is especially true when both parents struggle to make ends meet, leaving young ones in the care of older children.

Bearing these realities in mind, there is much scope for working fruitfully with the older children. They can be equipped both to influence the health and development of younger children, and to play a major role in increasing the health awareness of adults in the family and community.

The Child-to-Child programme supported by AKF(I) and implemented by CHETNA, from 1987 to 1990, in the rural and tribal areas of Gujarat and Rajasthan, was a step in this direction. The documentation of the activities of the programme has been undertaken with a view to assisting those who are involved in initiating or doing similar work with children. The first part of this report details the Child-to-Child approach and the strategy and process adopted to implement it in tribal and rural areas of Gujarat and Rajasthan. The second part enumerates its impact and the experiences gained.

The implementation of the Child-to-Child project was in the nature of a pilot project and a valuable learning experience. It involved the efforts and contributions of a number of individuals and organisations. While it is difficult to name all those who assisted us, we would especially like to thank

The Initiators

- * Professor Hugh Hawes, Child-to-Child Trust, London
- * Dr. Nisar Siddiqui, AKF(I)
- * Ms. Rajni Khanna, AKF(I)
- * Dr. Sheila Vir AKF(I) currently UNICEF
- * Dr. Judith Evans and Katherine Pfitzer Hinckley, Aga Khan Foundation, Geneva

The Implementors

- * Mr. Devilal Vyas and the team of People's Education and Development Organisation (PEDO), Mada, Rajasthan
- * Dr. Vallabhbhai Doshi and the team of Sewa Mandal, Meghraj Gujarat
- * Aga Khan Education Service, India (AKESI) especially Ms. Malek Charolia and team members of Day Care Centre (DCC) programme, Siddhpur, Gujarat
- * Government school teachers of Siddhpur and Palanpur Gujarat and Bichhiwada, Dungarpur, Rajasthan
- * The key participants - the children, parents and community of Meghraj, Mada and Siddhpur

The Evaluators

- * Dr. S. Seshadri, Ms. Indira Mallaya and the evaluation team, Faculty of Home Science, M.S. University, Baroda, Gujarat
- * Mr. Tony Somerset, Consultant

It is becoming increasingly evident that the progress of nations is intimately
interlinked with the development status of its children, who are a
vulnerable and important human resource of the twenty-first century. It is
estimated that over 40% of the world population is under 15 and it is
likely to rise to 50% by the year 2000. The health and development of
young people are thus of paramount importance to the future of nations.
Young people are the future of nations.

Health care facilities in rural areas are much fewer than in urban areas.
With the older children, they can be expected both to influence the
health and development of younger children and to play a major role
in increasing the health awareness of adults in the family and community.

The Child-to-Child programme supported by AUSAID and implemented by
CHILDREN, from 1987 to 1990, in the rural and urban areas of China
and Indonesia, was a step in this direction. The documentation of the
activities of the programme has been undertaken with a view to enabling
those who are involved in training of young people to learn from others.
This has been the first part of the report which the Child-to-Child programme and the
strategies and processes adopted to implement it in China and Indonesia
of China and Indonesia. The second part documents the impact and
the experience gained.

The documentation of the Child-to-Child project was in the form of a
this report and a separate booklet, 'Child-to-Child: The impact and
contribution of a network of children and organizations'. While it is difficult
to name all those who assisted us, we would especially like to thank

The facilitators

- * Professor Philip Haines, Child-to-Child Team, London
- * Dr. Peter Gifford, AUSAID
- * Mr. Alan Korman, AUSAID
- * Dr. David W. AUSAID, formerly UNICEF
- * Dr. James Evans and Katherine White, formerly Aga Khan
Foundation, Geneva

The implementers

- * Mr. David Voss and the team of People's Education and
Development Organization (PEDO), Hanoi, Vietnam
- * Dr. Vito Vito and the team of Sana Mitra, Beijing
China
- * Aga Khan Education Service, (AKES), formerly Mr. M. M. H.
Chavira and team members of Jayanti (Chavira)
- * Programme, Beijing, China
- * Government school teachers of Beijing and Peking (China)
- * and Indonesian, Yogyakarta, Indonesia
- * The two participants - the children, parents and community of
Mongol, Iran and Beijing

The contributors

- * Dr. J. Korman, the Child-to-Child project and the workshop, Hanoi
Beijing and Beijing, China
- * The Child-to-Child programme

"She looked distracted today. The teacher reprimanded her a couple of times. Later when I got the chance, I tried to talk to her, but like the last time, she just looked away. As soon as they were allowed to go out for a break, she ran towards the 'peepul' tree (a holy fig tree). A little boy, hardly three years old, was playing in the dust. A baby wrapped in an 'odhani' (scarf) lay nearby.

She picked up the baby, moved aside the 'odhani', talked to the baby soothingly, covered her gently and then talked to the boy. She ran back to class, looking even more pre-occupied when the bell rang.

After that I went out and got talking to the boy. He said that she was his sister. Their parents worked in the fields. He did not talk much about his older brother, but talked about 'Motee' (elder sister), the girl who had just run back to class. He liked her because she played with him and took him wherever she went, but the baby.... well, she was all right. She only cried too much and 'Motee' had to spend quite a lot of time looking after her. Even today 'Motee' was worried about her. It seemed she had diarrhoea and 'Motee' didn't know what to do.

There was some good news at the office just before I left for this trip. They said it will be possible to implement the Child-to-Child project soon. I am impatient to get started, especially after this trip "

Abstract from the diary of a field worker of the Child-to-Child project after a preliminary field visit to Meghraj.

1. Background

There is a great need for enhancing health education of the school aged children so as to promote better health practices in them, their families and community. Recognising the potential of the Child-to-Child approach, CHETNA implemented a project using this methodology in the rural and tribal areas of Gujarat and Rajasthan with the support of AKF(I).



Child Health and Institute of Education, at the University of London. It offers an opportunity to provide health related training to older children in an interesting manner. In this way they become health conscious and are motivated to look after the health of their younger siblings and become effective agents for imparting health education to the family and community.



1.1. The Child-to-Child Approach

Child-to-Child is an innovative approach to health education based on the belief that children are able to take an active part in the promotion of their own health and that of their families and community, if they are equipped with necessary knowledge and required skills.

The approach was evolved in 1979 by the health and education experts of the Institute of

1.2 The Initiators

AKF(I)

AKF(I) has been long committed to promoting projects which seek to integrate health, education and rural development.

The emphasis is on action oriented projects which are innovative and replicable in diverse cultural settings and respond to the felt needs of the local population, especially the often

unexpressed needs of women and children.

Recognising the inherent potential of the Child-to-Child approach, AKF(I) decided to explore the possibility of implementing Child-to-Child projects in India. Keeping in view CHETNA's experience and expertise of working in tribal and rural areas and its keen interest in implementing the Child-to-Child approach, the Foundation awarded it the responsibility of implementing such a project over a three year period(1987 to 1990).

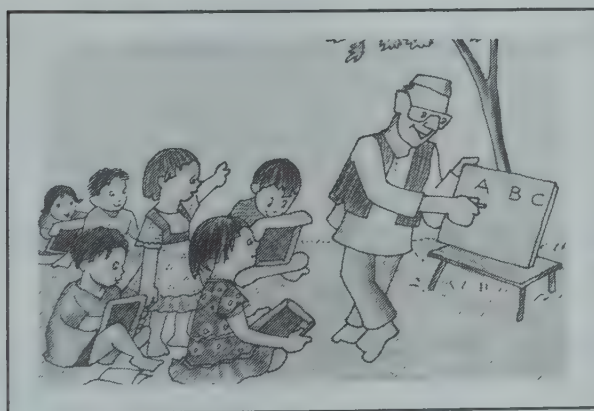
CHETNA

CHETNA is a NGO based in Ahmedabad, Gujarat, India. It is involved in diverse activities for the empowerment of disadvantaged women and children to gain control over their own health, that of their families and their community.

Health and development of children is one of the major areas of concern. During the course of its activities a pressing need was felt to direct its efforts towards educating children regarding nutrition, health and child development aspects. This was particularly important for those who have to assume child care roles and responsibilities at an early age due to various economic and social constraints.

CHETNA took a step in this direction by organising the first Child-to-Child workshop in India in 1985 with the support of AKF(I) and UNICEF. This was followed by the implementation of a six month Child-to-Child pilot project in the rural areas of Gujarat during 1986. The experiences gained from these efforts were incorporated into planning the three-year Child-to-Child project which was implemented with the objectives to

- * Orient and train teachers in the concept and application of the Child-to-Child approach through innovative teaching and learning strategies
- * Assist trained teachers to impart education to older children through an activity oriented approach
- * Equip trained teachers and older children to apply their learning, especially that related to nutrition, health, child care and development, to their daily life
- * Use participatory training as a strategy to encourage healthy habits and practices among children, family members and rural communities



1.3 Implementors

Based on its experiences, CHETNA recognised the scope for implementing such a project through schools by training the teachers.

After extensive field visits and meetings with various local organisations known to CHETNA, three organisations were selected to implement the Child-to-Child project based on the following criteria

- * An interest in the Child-to-Child approach and high level of motivation of the agencies
- * Access to school aged children in the age groups of 6 to 14 years and the availability of the necessary organisational infrastructure
- * Work experience in rural/tribal areas

Furthermore all three had distinctive features which would increase the scope of testing the approach in different contexts. This was considered necessary in view of the fact that this was a pilot project. The organisations selected were

Sewa Mandal Meghraj

At and Post Kasana, District Sabarkantha, Gujarat.

The organisation runs twelve non-formal education centres in the villages of Meghraj taluka of Sabarkantha district in Gujarat under the Family Helper Programme supported by the Christian Children's Fund (CCF). The objectives are to impart life useful education to children and to help them with their formal school studies. Children between the ages 6 to 18 years also go to the local government school. They have Bal-panchayats (a committee of five children) where children are entrusted with different responsibilities to co-ordinate educational and recreational activities for the children of their respective villages.

Teachers from twelve CCF centres and the same number of Balwadis (pre-school centres) were trained during the programme.

PEDO

At and Post Mada, District Dungarpur, Rajasthan.

As a part of community development activities, the organisation runs education centres, known as Shikshan Kendras, in remote villages of Dungarpur and Bichhiwada blocks of Rajasthan. At the Shikshan Kendras, 6 to 14 year old children are coached to join the government-run formal middle and high schools and also to appear for general examinations.

Teachers from fifteen Shikshan Kendras were trained at Dungarpur, Rajasthan.

DCCs, AKES(I)

Siddhpur, Gujarat.

AKES runs DCCs in seven villages of Siddhpur taluka of Mehsana district, Gujarat, as a part of their network of rural pre-school centres.

The main objective of the DCC is to provide nutrition, health and education services to ensure overall development of 2.5 to 5.5 year old children. The children are then enrolled in local primary schools. Teachers of seven DCCs and Mahila Mandal members regularly participated in the training programmes.

Government Schools

The local primary and secondary government schools in all the three project-areas were included with a view to ensuring replicability, sustainability and expansion of the programme. Seven primary schools in Siddhpur, Gujarat and ten in Dungarpur, Rajasthan were formally involved in the Child-to-Child project.

The principal and two teachers teaching the subjects of science and /or environment were oriented/trained to implement Child-to-Child activities in the schools.

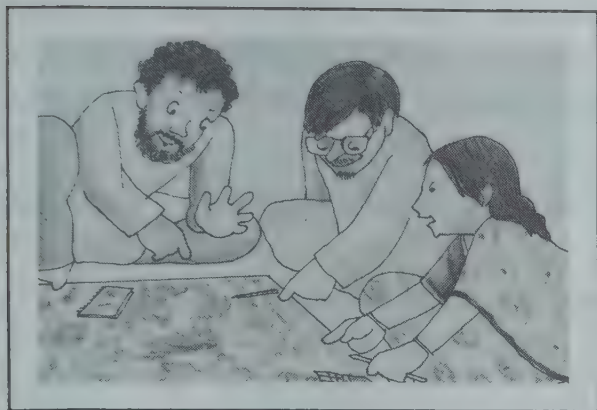
Efforts were made in each area to organise joint forums in community level programmes to enhance co-ordination and establish a linkage between the government schools and NGOs.

July 1987

"It felt like being in school once again. Come to think of it, text book writing is an awesome responsibility. Whatever is written in a text book is taken as the gospel truth when you are a child. Today I went out of Ahmedabad after a long gap. It has been a 'paper-work' month. The meeting with the evaluation team was quite interesting. I must remember that they will not be evaluating our work like 'supervisors' but will be helping us to do our work better. They will be giving us 'valuable feedback'. The thought came to mind, why don't we call them 'monitors' instead of 'evaluators' ? We did have monitors in school who helped to remind us of 'appropriate behaviour', didn't we ?

But the monitors were one of us. How can someone who is unconnected with the dynamics of the project be able to judge it, or offer constructive criticism ? What would they know of the parameters within which we had carefully designed this activity ? What would they know of the hurdles which had to be overcome in human terms to bring about desired results ? Words such as success or failure are entirely relative depending upon which end of the stick you are holding. On the other hand, it is also far too easy for people intimately involved in a project to think from only a certain point of view. And if regular meetings with the evaluation team throw light on new aspects of the approach, why then, we shall indeed benefit from an 'outsider's evaluation'."

Abstract from the diary of a field worker of the Child-to-Child project after analysing the curriculum content and the first meeting with the evaluation team at Baroda.



2. Implementation Strategy and Process

The Child-to-Child implementation strategy was developed on the basis of the experience gained during the pilot project. Orientation and training workshops, monitoring support and follow-up and on-going evaluation formed the core activity of the implementation strategy. To facilitate implementation, a co-ordinating committee was formed at the very beginning of the project.



2.1 Orientation and Training Workshops

Orientation workshops, which were held prior to actual implementation focused on imparting indepth understanding of the theoretical and practical aspects of the Child-to-Child approach to the implementors of the project.

The focus in the training workshops was on content and methodology. Specific topics pertaining to health, nutrition and child development were identified. The topics were selected on the basis of the perceived health and nutrition problems in the project area as well as from the text-books of the school curriculum. The implementors actively participated in the selection of these topics.

The topics selected were

Health	Nutrition	Child Development
- Diarrhoea	- Protein Energy Malnutrition	- Language development
- Malaria	- Anaemia	- Importance of play
- Immunisation	- Balanced diet	- Self help
- Cleanliness	- Vitamin A deficiency	- Family life education
- Guinea worm	- Weaning foods	

In view of the constraints posed by a formal school environment, it was decided to weave these topics into the school curriculum. Considerable time was devoted to analysing the curriculum content of the Gujarat and Rajasthan text books of standards IV, V and VI in order to determine the most suitable areas for the inclusion of this

material. The subjects of Science, Social Studies and Environmental Studies were selected for this purpose as they contained the relevant chapters related to health, nutrition and child development. The syllabus already had special periods for life useful education activities.

The second stage involved the planning of the schedule of the workshops. This was done with a view to

- * Developing an understanding among the implementors regarding the Child-to-Child approach
- * Imparting knowledge and skills regarding health, nutrition and child development aspects
- * Reviewing the curriculum and identifying health, nutrition and child development related topics from textbooks of I to VII standards
- * Identifying existing indigenous techniques to make education innovative and imaginative
- * Developing activity sheets and other educational material on the identified topics
- * Sensitising and training teachers in different innovative approaches to health education
- * Listing problems envisaged in implementing the approach

Additional Training Workshops

It was initially envisaged that aside from the orientation workshops and monitoring support, boosted by ongoing evaluation, no further input would be required in this phase of the programme.

However, interaction with the teachers in the first few orientation workshops revealed, that they lacked basic knowledge about the selected topics and modification in the original strategy would be required to overcome this constraint.

After detailed discussions with key personnel with reference to long term programme implications, the team decided to modify the strategy and to include more training workshops every month on selected topics. Such a format served a multi-pronged purpose

- * Provided knowledge on the identified topics
- * Developed the skills of preparing and using the activity sheet and supportive activities to impart knowledge in an interesting and effective way
- * Developed confidence and a positive attitude towards activity making and its use, through the specially oriented training

The training workshops were specifically designed to promote effective learning and creative output. Time was set aside to impart content knowledge through various methodologies and media such as group discussions, structured exercises and demonstrations. After animated intra-group sharing of personal experiences, small groups were formed which developed activities for different topics.

This was followed by presentation of the activity sheets and incorporation of changes and additions proposed to enhance effectivity and/or comprehension. Diverse issues arose such as providing a more lively tune to a song composed to transmit a message developed by one group. The prepared activity sheets and material were also field tested with children to ensure efficacy.

The methodology of the trainings was participatory and flexible. Effort was made to draw upon the experience and knowledge of the participants on various topics and to consolidate this rather than take re-course to didactic teaching. Various myths and beliefs regarding food and illness, were also discussed and clarified. The trainings proved to be a source of motivation to the teachers. For them, coming for training together, teaching and learning together in a participatory way, was a novel experience. It was thus possible to stimulate them with new ideas and concepts. CHETNA helped the teachers to draw up action plans for implementation, in the final session. In the later workshops a session was set aside to discuss the experiences gained by teachers and problems faced by them.

The training workshops thus helped teachers to obtain appropriate information and improve existing knowledge about the selected topics. The activities developed during the workshop assisted in improving the implementation process. The teachers also gained confidence regarding use of the new methodology for teaching. The workshops furthermore provided a platform for sharing experiences, problems and insights. The pace of the workshops depended a great deal on the teachers, for example in one area, the teachers were highly motivated and had regular workshops. There, activities were developed at a faster pace and were qualitatively better.

Communication Workshop

Apart from the content knowledge, a special communication workshop was organised for implementors based on their expressed needs. The workshop included modalities for selection and use of various media, as well as methods for imparting health education to children and community more effectively. Developing and preparing relevant learning material and aids and appropriate use of puppets, folk songs, dances, role plays, games and puzzles, posters, charts and other audio-visual aids were the special features of the communication workshop.

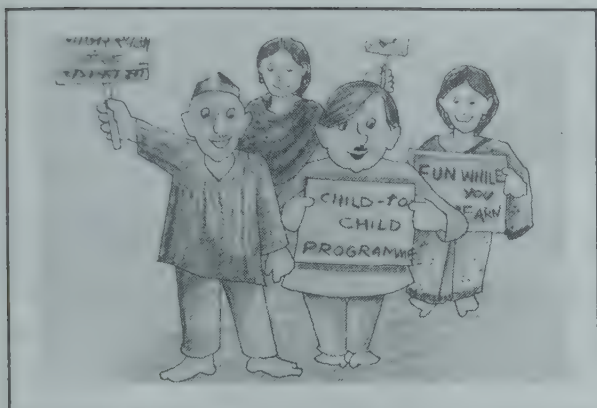
The workshop played a crucial role in further clarifying the Child-to-Child concept with special reference to the activity oriented 'Learning, by Doing' approach. It not only served to better equip and enhance the participants skills for the development and use of educational aids, but was instrumental in creating closer links between all implementors as they gained a clearer insight into the scope and application of the new teaching approach.

"It had been decided to write health messages on blackboards in the villages. A message written on one does catch your eye. And the corner of each major junction has a blackboard in the villages.

It is a good idea to write a health message on the blackboard every day. But certain good ideas never seem to take off. Even though the Child-to-Child committee consisted of teachers, children, key persons of the village and the linkage agency representative, they had not been able to put this idea into practice. We managed to finally get it organised this time.

There was quite a bit of excitement at Meghraj this time. Staff re-shuffling ! However it was far from exciting for us. It would mean that we would have to again go through the same exercise of orienting new teachers to the Child-to-Child approach. And it would mean a temporary slowing down of pace of implementation when we were full of enthusiasm to forge ahead."

Abstract from diary of a field worker of the Child-to-Child project after conducting orientation workshops and follow-up visit at Meghraj.



2.2 Motivational Strategies

Due to the socio-economic reality of villages, teachers assume a multi-purpose role. Most government programmes such as family planning, small savings, census survey, are implemented through teachers. The extra responsibility results in both additional income (which is welcomed) and being overworked.

Under the circumstances, the Child-to-Child programme, which did not offer monetary compensation and demanded extra creativity and energy, was initially viewed negatively as an extra burden.

In order to bring about attitudinal change, use of various motivational strategies was necessitated without which the programme could not have taken off. While offering a steady external support, a need was felt to create a demand in the community to make the implementors feel both confident and enthusiastic about conducting the programme.

All the monitoring and follow-up programmes were therefore aimed at increasing and sustaining the motivation of the implementors. And the commitment and enthusiasm of the team had a positive effect in sensitising the implementors.

Some of the most effective strategies were

Inviting the Implementors for Training

Invitations sent to implementors for training were itself a motivating factor, as they felt that they were important teachers of their school.

Regular Contact

Personal visits by CHETNA and guest visitors, and regular correspondence played an important role in helping the implementors identify themselves with a larger concept or ideology.

Special Programmes

The teachers and implementors of the village were the key members during special programmes like Review meeting, Balmela (children's fair) and Gramyatra (village campaigns). These proved to be beneficial in sensitising and awakening inner zeal and enthusiasm.

Acknowledging Participation and Publishing Work

The participation of the teachers was acknowledged in their block and among district level superiors. The activities produced by the implementors published in a bi-monthly newsletter, 'Amaro Patra Tamare Naame' with a byline by CHETNA encouraged the implementors to develop more activities.

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During the different stages of implementation, CHETNA encouraged, motivated and assisted the implementors.



2.3 Monitoring and Follow-up

Monitoring and follow-up was an integral part of the programme. This comprised regular visits to the project areas, programmes in the community and mid-term review meetings.

Visits

Regular visits were made to the project sites, and detailed discussions regarding all aspects of

implementation took place with the teachers. They were observed at work and various different activities were initiated. Attempts were made to iron out administrative and other difficulties.

These visits were also utilised to promote the Child-to-Child approach with local authorities and community whenever possible.

The visits ensured direct contact with all participants and this provided valuable feedback. The feedback led to required changes in the implementation process. The visits were instrumental in pointing out the government school teachers' apathy and scepticism for the programme. It led to brainstorming efforts to both overcome this constraint and to find appropriate channels to maintain high levels of self-sustained motivation. It was felt that a concerted demand from the community for such an activity oriented teaching/learning approach and process, would assist in building up the necessary confidence and commitment.

This was done by designing creative and imaginative activities in co-operation and collaboration with the community. It gave a boost to existing efforts and provided support to the implementors and children.

Observing the enthusiasm of the children and considering the apathy of the teachers, the children were also encouraged to participate in the programme and be partners in the implementation process. For this, model centres were set up and village level Child-to-Child committees constituted.

Model Centres

The team considered working directly with children so as to demonstrate the effectiveness of an activity oriented approach and to involve them in the implementation more effectively. This gave the team valuable experience to assist the implementation and put at rest some of the doubts raised by the implementors, especially formal school teachers.

Village Child-to-Child Committees

Children were included in the Child-to-Child committee of the village. These committees comprised the school teacher and NGO representative, for example, the DCC teacher in Siddhpur area, the Mahila Mandal member and children.

The committee was responsible for undertaking Child-to-Child activities in the village. Some of the activities they undertook were

- * Development and maintenance of a Child-to-Child corner i.e. painting a blackboard at a key location in the village - near the school, well, or a flour mill ; writing health slogans or giving health information; and changing these regularly
- * Village cleanliness drive, especially filling up the water puddles which are breeding places for mosquitoes
- * Prabhat pheris (morning rallies and cleanliness drives) where children go round the village shouting health slogans written on big placards prepared by themselves

The children were found to be enthusiastic and took the initiative in various activities which at times compelled the teachers to change their style of teaching. For example, the children of Punasan and Siddhpur collected a small fund for setting up a library. CHETNA encouraged this initiative by helping the children to buy more books and in managing the library.

Such efforts by the children encouraged using some of the activity oriented teaching and learning strategies directly with them. The need was also felt to increase parents and community's involvement in the project. This was done through community programmes as planned in the implementation strategy.

Programmes in the Community

Based on feedback received during visits and from the evaluation team, efforts were made to design and implement more outreach programmes to ensure sustainability.

Community level programmes were planned with the objectives to

- * Clarify and specify the role of Child-to-Child implementors so as to enable them to implement the approach more effectively
- * Motivate teachers and children for effective implementation
- * Enable the implementors to revise content knowledge
- * Assess efficacy and replicability of such low-cost programmes for imparting health education
- * Motivate and encourage local initiative in spreading health care messages

As the project progressed, it was found that initiative and sustainability could be boosted if it could be demonstrated to the implementors, how the locally available resources could be utilised and how local celebrations and community festivals could be usefully interwoven to impart health education. For this it was planned to organise Balmelas and Gramyatras, which were modelled on similar events commonly held in the villages.

Balmelas (children's fairs)

The objectives of the Balmelas were to

- * Expose children to the joys of activity oriented learning, so that they would demand this approach of teaching in future
- * Provide exposure to teachers to a wide range of activities possible for imparting health education and the meaningfulness of such activities

In the village context, a 'mela' of any kind, is associated with fun-filled activity. A subtle use was made of this factor when the Balmela was organised to create an association in the minds of children that health education is fun. And through the process, it became clearer to the implementors how to use local resources to best advantage, and how little effort it really took.

In this context an enthusiastic placard making session was organised to devise placards to carry on Prabhat pheris. Health related outdoor games exercises and stalls were other units of the mela. Evening cultural shows invited enthusiastic community participation where there was much scope for creativity and spontaneity.

During the mela, an attempt was made to create an atmosphere for facilitating meaningful interaction among children, teachers and others involved in the implementation of the Child-to-Child project.

To enable teachers to plan similar programmes, a demonstration of a model of the activity oriented teaching for transmitting and imparting health messages was given. They were also urged to consider the impact and effectiveness of the activity oriented teaching-learning approach.

Basic health messages were also shared and popularised to initiate positive health habits among children and community. The mela motivated and equipped children as well as teachers to initiate similar activities in their villages on a regular basis.

The children who attended the Balmela shared information with others; for example that the Oral Rehydration Solution (ORS) is effective for diarrhoea and green leafy vegetables and papaya are good for eyesight. The children who did not attend the Balmela said during the interviews, that they received this information from those who attended. After the Balmela, the teachers also made efforts to encourage interaction between those who attended and those who did not in order to assist in a sharing of experiences.¹

Gramyatra (village campaigns)

A Gramyatra was planned with the basic objective of providing support to teachers and children in their attempt to make practical use of the knowledge gained in the Child-to-Child project.

The specific objectives of the campaign were to

- * Clarify and specify the role of different implementors

1. Evaluation Report by M. S. University, Baroda of the Child-to-Child programme in rural Gujarat and Rajasthan.

- * Motivate teachers and children to implement the Child-to-Child project more effectively
- * Enable the community especially children to revise health knowledge
- * Assess future replicability of such low-cost activities for imparting health education
- * Encourage and support local initiative for spreading health messages

Any new approach in the village setting requires an integrated effort for its success. Keeping this in view, the Gramyatra was designed to create concrete channels of widespread outreach whereby the message successfully permeated all levels of the village culture. It was envisaged that such an involvement would result in creating a more effective inter-linkage within the community.

Personal Contacts, meetings and community gatherings were utilised for enhancing community participation. The Gramyatra also attempted to include a variety of communication media including home and school visits and cultural programmes.

This strategy was utilised to clarify the role of formal implementors as well as non-formal implementors such as members of concerned local institutions. It also served as a guideline for implementors at the grass-root level on how to draw upon available resource persons, such as village leaders and parents.

The point was brought home as to how local celebrations and community festivals could be usefully interwoven to impart health knowledge.

An effort was made to create a conducive environment in the project village so as to lead to the creation of a demand for activity-oriented teaching and formation of healthy habits.

Mid-Term Review Meeting

The three selected areas varied in geographic locale and cultural context. Each had distinctive features. As a part of the follow-up, it was decided to hold review meeting. The objective was to bring together all the teachers to create an environment in which they would become aware of alternate approaches in different areas and analyse their own efforts in this context.

The specific objectives of the review meeting were to

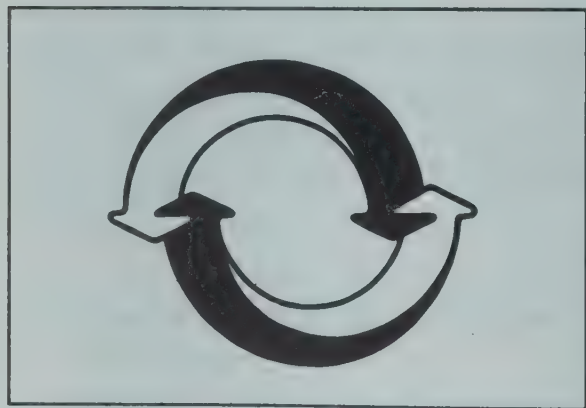
- * Provide a platform for sharing of experiences and materials developed and used by Child-to-Child implementors at the field level
- * Review the implementation of Child-to-Child project and utilisation of content of previous training workshops
- * Orient teachers with aspects of child development and develop additional activity sheets on subjects related to the project
- * Assess/discuss major problems and difficulties faced at the field level while implementing the approach and explore alternative solutions collectively
- * Develop and finalise the future plan of action of the Child-to-Child approach

A great demand was made for supportive education and training material from all three regions. The participants were therefore given material at these meetings on child centred health education developed by CHETNA. This included

- * A background paper on details of the Child-to-Child project and expectations from the review meeting
- * A set of flip charts which graphically gave information on ten common diseases and nutrition and health care during illness
- * A kit which gave information on the causes, effects and preventive aspects of anaemia
- * A kit on waterborne and water related diseases
- * A guide book on creative drama and puppetry (UTSAH Approach)
- * A bi-monthly newsletter in Gujarati or Hindi containing information and activities related to health and nutrition
- * A specially designed Child-to-Child planning diary for implementors

The idea of review meeting was fruitful. It served to bring together the teachers from different areas and helped them to constructively analyse their work. This analysis of activities assisted in clarifying the approach, created a spirit of inquiry and a healthy competitive outlook. It resulted in an infusion of a new vigour into the project and more effective implementation.

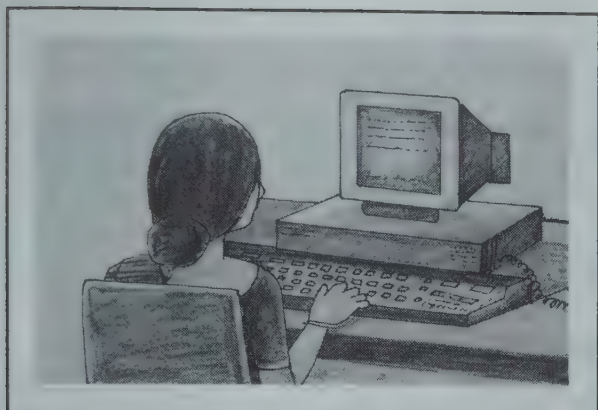
A serious effort was made to respond to the needs of the implementors and to co-ordinate and network their efforts. Apart from regular visits and correspondence, relevant material was collected and sent to them .



2.4 Co-ordination

In the initial stage of the project it was jointly decided to form a co-ordination committee. This was done to facilitate the implementation of the project, to review the progress and plan necessary changes at appropriate times. The committee consisted of representatives from implementing, evaluating, supporting and sponsoring agencies.

The co-ordinating committee could not meet regularly every three months as planned initially, but it did help the project to gain a stable start and this helped in strengthening the process of implementation. It gave the members an opportunity to share their views. It also helped to provide a platform where certain useful clarifications were made at the administrative level about the role and responsibility of the evaluation team and CHETNA as an implementing team.



2.5. Evaluation

Little effort has been made to implement the Child-to-Child approach systematically and evaluate its impact in India and other developing countries.

It was decided that an independent evaluation of the process and impact of the Child-to-Child project would be conducted from the initial

stages of implementation and would continue as an on-going study. This was particularly required as it was a pilot project, primarily for testing out ideas and approaches.

An evaluation team from the Faculty of Home Science, M.S. University, Baroda was involved from the start of the project. They conducted a process and impact evaluation.

The process evaluation comprised observations at periodic intervals in each setting, supplemented by interviews with teachers, mothers and other community members. The evaluation team attended most of the training workshops. An evaluation of training workshops, classroom activities and outreach activities thus took place, followed by documentation.

For the impact evaluation, pre-tested interview schedules were used for collecting the data from teachers and children. Data from mothers were obtained only in the post project period. The selected mothers had at least one child in class V, VI, VII or VIII in which the approach was implemented.

The impact evaluation consisted of the knowledge gains of teachers and children and the level of awareness of the mothers and the role of children and teachers in raising the level of awareness among the mothers.

The evaluation findings indicated that 'the qualitative responses of the teachers before and after the project revealed some significant gains. For instance in the section on balanced diet many trained teachers at the post project period were able to classify the foods according to their functions (i.e. energy giving 75%, body building 56% and protective foods 44%) while in the pre project period this link between knowledge and application was poor. They were also much more aware of dietary deficiency of iron (54%) as a cause of anaemia, knew the signs by which they could recognise anaemia (76%) such as pallor of lips and nails.

More than two-thirds of them identified correctly good dietary sources of iron (69%) and many were also aware of the iron folic tablets available in the primary health centre/subcentres for prevention of anaemia (41%). Functional defect in vitamin A deficiency (night blindness) was well recognised in the post intervention period (i.e. they

knew that stumbling during dusk time or inability to see in dim light was due to deficiency of vitamin A). Once again, a large majority (76%) could identify vitamin A rich foods which included Green Leafy Vegetables (GLV), milk and yellow coloured fruits and vegetables and 27% were also aware of the vitamin A syrup distributed under the National Prophylaxis Programme.²



2.6 Sustaining the Approach

Final Review Meetings

As the project progressed, most of the teachers, children and the community in all the three project areas began to comprehend the concept of Child-to-Child and showed a willingness to take the initiative and responsibility of carrying on the approach on

their own. The teachers and children both indicated an appreciation of the importance and effectiveness of the approach and its relevance to their daily life. A final review meeting in each of the project areas was then planned by the evaluation and CHETNA teams.

The specific objectives of the review meetings were to

- * Note and analyse the activities undertaken so far in the project by implementors, evaluation team and CHETNA team
- * Plan future strategies for continuing programme activities
- * Clarify and designate programme responsibilities
- * Specify the assistance and guidance required from CHETNA in terms of training and education material needed for appropriate replication

After initial discussion and clarification of the purpose of the meeting, each implementing group was asked to share their experiences. Their presentations highlighted

- * Involvement in the programme
- * Learning from the programme
- * Usefulness of the approach
- * Positive experiences and limitations of the programme and the approaches
- * Suggestions regarding implementation
- * Future plans and expectations from CHETNA and others

2. Evaluation Report by M.S. University, Baroda of the Child-to-Child programme in rural Gujarat and Rajasthan, page 28.

After the final review meetings, a co-ordination committee meeting was organised comprising members from all three areas.

Co-ordination Committee Meeting

The main objective of the meeting was to share experiences regarding involvement in the project and the present status and future responsibilities to ensure the sustenance of the project.

A retrospective view of the implementation process and meaningfulness of the inputs provided during the three year project period was sought. Discussion took place, in which experiences gained were shared, effective and non effective strategies were delineated and alternative suggestions for improving the programme if replicated, were presented. Self-sustainability was also discussed and related decisions were taken.

It was decided to document activities, games and songs originating from different areas of the project and to circulate them among the teachers. It was also suggested that CHETNA would mass-produce the documents. The local NGOs could then procure and disseminate them among the local implementors.

Taking over.....

At each of the three areas, suitable monitoring strategies were evolved. It was decided that at Meghraj, Sewa Mandal would be the local monitoring NGO. At Mada, the local NGO, PEDO would monitor Shikshan Kendra teachers. The Mada school would be made the centre and the principal would monitor the government teachers.

No definite decision was taken for Siddhpur, but it was visualised that a centre like Mada would be developed. The DCC teachers already have a component of health and nutrition. The representatives agreed to introduce an inbuilt monitoring system.

In view of the need voiced by implementors, CHETNA agreed to provide support from time to time through field visits, documenting of experiences and providing education/training material. AKF(I) offered financial assistance required for publishing the necessary material.

There was a consensus that an annual meeting of all members present would be desirable for the next few years to note, analyse and modify the Child-to-Child approach as required, as a result of active implementation.



3. Impact

Every project that is implemented at the community level has its own strengths and weaknesses. In spite of a theoretically visualised potential, in the final analysis, its success/failure depends upon the motivational level of its implementors.

The project was implemented in the rural area through formal and non-formal school system. Both these structures possessed and created their own constraints. Encouraging results were observed after almost two years of implementation.

Contribution at Micro Level

Teachers

A positive inroad was made in changing teachers' attitude. Teachers started including rarely discussed topics on health, nutrition and child care regularly in their curriculum and teaching. A special time and position was given to the Child-to-Child approach for imparting health and nutrition messages in their annual plan for the school.

An activity oriented teaching methodology which had earlier appeared alien and burdensome to them was now being voluntarily utilised to teach children selected topics.

Teachers responded to children's demands more positively, as for example, when children asked for a game related to nutrition or when a trip had to be organised to look for breeding places of mosquitoes when the topic of 'malaria' was being taught.

Children

In rural areas, where levels of hygiene are very poor, personal hygiene of children has improved considerably. Participation in programmes like Balmelas and conducting Prabhat pheris with health songs and messages, increased the confidence of the children enormously while interacting with the community.

The impact of Balmela and Gramyatra was so deep that even today, CHETNA members are greeted with health songs and slogans by children.

Parents

From initial scepticism, parents now give careful attention and respect to the health related messages that children bring home. Many of them are promptly practised by them.

Evaluation has also indicated that the messages have indeed reached the mothers. Children are seen to be the chief communicators of messages concerning anaemia, vitamin A deficiency and diarrhoea.

Organisations

A great change is perceived at the policy level where there is a proposal for extending the programme to more schools and integrating the approach into the regular curriculum. It was suggested that the 14 topics covered by CHETNA should be incorporated into the regular curriculum. Each topic could be taken up every month to ensure that teachers adopt the concept and methodologies of the Child-to-Child approach.

Contribution at Macro Level

Propagation of Child Centred Approaches to Health Education

Various government organisations as well as NGOs have developed a variety of programmes and activities in health education for/by children which are being implemented in many parts of India. A large number of individuals and organisations therefore doing have been engaged in extremely worthwhile work in different parts of the country, utilising a number of effective child centred health education approaches.

However, these approaches have not been effectively shared with like-minded individuals or widely published. A need to share such experiences was strongly felt by grass-root level organisations.

Keeping in focus this felt need, AKF(I) sponsored a workshop on 'Approaches to Health Education for/by Children', which was organised by CHETNA in April 1990.

The objectives of the workshop were to

- * Provide an opportunity to various government and non- governmental organisations involved in child centred health education programmes and activities to share experiences gained while implementing such programmes
- * Collectively make note of the experiences of past and existing programmes in this field and to identify workable approaches for replication/integration into the existing system
- * Appraise the concerned government departments of importance and potential of health education for and by children

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- * Influence policy makers and programme planners to give due recognition to the recommendations, so that they may be incorporated/integrated into the existing systems and programmes.

About 150 participants and resource persons comprising administrators, professionals and practitioners from government organisations and NGOs involved in Child Centred Health Education activities from India and overseas participated in the three day workshop.

The following aspects were covered during the course of the workshop

- * Clarifying the concept of Child Centred Health Education
- * Sharing concerns/approaches/experiences/materials and assessing the present state of health education in existing programmes i.e. pre-schools, formal schools and non-formal schools
- * Identifying the scope for integration of experiences in the existing infrastructure and systems

The workshop provided an opportunity to individuals and institutions involved in this field to interact with each other. A special session was arranged to share experiences of the participants which proved to be enriching. Indigenous and innovative experiences of health education were discussed. These were of great interest to the group.

On the last day of the workshop, the participants were invited to share organisational and individual resources and expertise. It was encouraging to learn about the vast existing resources in the form of education material, training input and expertise. A strong need was felt and expressed to establish a national/regional level resource centre which could cater to the needs of grass-roots level organisations. It could provide them with assistance and support in the form of information, training and education material.

Such support would go a long way in initiating and implementing Child Centred Health Education programmes all over the country.

Meeting with Policy Makers

A special meeting was also convened with concerned officials from Planning Commission, Ministries of Health, Education, Women and Child Development, NCERT (National Council of Education Research and Training), UNICEF, alongwith selected participants from voluntary organisations. The reports and recommendations of the workshop were presented. The group discussed the importance and ways of incorporating the recommendations into both the ongoing health, education and development programmes and in future policies.

A report on the workshop titled 'Learning for Life' has been widely distributed.

Publications

Two booklets based on the experiences gained during the Child-to-Child project were published. The teachers and children were the major source of inspiration to CHETNA for producing the booklets.

Health Education Can be Fun

This is a printed booklet which includes the theoretical and practical experiences gained while conducting the Child-to-Child project. Published both in Hindi and English it concentrates on imparting information through a judicious combination of illustrations and text. This makes the approach easily understood. Practical innovative suggestions are also given so that the approach can be implemented successfully in diverse settings.

Khel Khel Mein (Learning Whilst Playing)

Is a compilation of health related activities which CHETNA successfully conducted with children in rural and tribal areas. Published both in Hindi and English, it is the result of a long process which included conception, designing, field testing, re- designing and finalisation. This is the end product of the combined efforts of the Child-to-Child implementors and colleagues over a period of two years.

Activity Sheets

A series of activity sheets have been developed on different health related topics in Gujarati, Hindi and English. The activity sheets have been finalised after field testing and incorporating necessary changes.

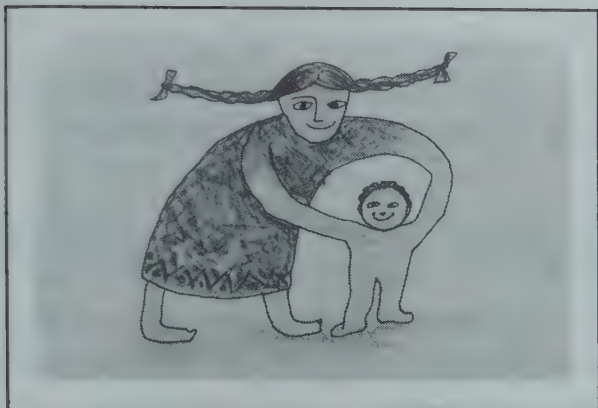
The sheets are being used by the implementors as support material. They are distributed to agencies, initiating and/or augmenting the Child Centred Health Education programme.

"There was a time when I hesitated to do anything because I was so afraid of doing something wrong. But only by doing do we learn. But many questions remain. Does Child-to-Child mean health education? Does it mean activity oriented teaching-learning? Or does it just mean helping children learn in the way they enjoy and assimilate the most? Does it encourage child labour or is it merely a baby sitting campaign? Is Child-to-Child a concept, a theory or an approach ?

I believe that these are some of the critical questions people globally pose themselves while implementing a Child-to-Child project. We also underwent this crucial self-questioning phase on and off during the three years of implementation. But fortunately because of the flexibility of the concept, we could trace and retrace our steps towards the success of the programme. From the micro level we have moved to an understanding of the macro level.

Professionally too, it has been a learning experience. There are so many factors at work in the field. It is such a complex and dynamic situation out there. It is at once exciting, frustrating and challenging".

Abstract from the diary of a field worker of the Child-to-Child project while preparing the final report of the project at Ahmedabad.



4. Lessons Learned

The Child-to-Child project was in the nature of a pilot project. This was the first time that the approach was being implemented in rural schools. The team was keen to ensure that it was implemented effectively. However, during the process of implementation many challenges were encountered, responded to and noted.

Selection of Project Areas

The project areas were socially, culturally, geographically and politically different from each other. Languages and administrative structures varied as they were located in two different states; Gujarat and Rajasthan.

This led to problems such as

- * Difficulty of making frequent visits due to the distance and time constraints
- * Need for greater effort and resources in the preparation of training/education/learning materials including schedules and manuals which would be suitable for all implementors
- * Due to different working schedules, including holidays/vacations it was difficult to plan joint programmes which were necessary to enhance co-ordination and mutual learning and sharing of experiences. Many such programmes and meetings did not materialise due to this reason. For example it was not possible to organise a 'Samuhik Balmela' (collective children's fair) where children of all the three areas could come together.

Project Duration

The duration of the project (three years) gave enough time for the messages to percolate into the community and for people to become receptive to them. However, it did not allow enough 'incubation' period for teachers to assimilate the new approach and innovative strategies.

The result was that the teachers were rushed into doing activities without developing total faith in the concept. Their preconceptions and prejudices about the rural child could not be fully rationalised. Today, although the implementors are quite convinced about the importance of the application of the approach, they do not feel a sense of completion of the project.

Selection of Organisations

To ensure replicability and long term sustainability, the formal government primary schools were involved in the project. This was done through local NGOs selected at the beginning.

To increase teacher participation, the team tried to involve government authorities by contacting the state, district and block level officials of education at every stage. Their presence was considered necessary to encourage and motivate the teachers of the formal government schools. However, due to various constraints, they were not able to attend a majority of the meetings, workshops or programmes. The bureaucratic set-up of the government posed further difficulties.

The implementors also faced a lot of constraints and opposition due to the nature of their organisational structure.

Selection of implementors

The implementors, who were members of NGOs and teachers of government schools and who directly worked with the children played a key role in the implementation of the project. However, their functioning was affected by various factors

- * The teachers had a multiplicity of roles. For example, in one area, they had to assist children not only in their academic curriculum, but to distribute snacks as well. In another area they were expected to assist in drought relief work. The teachers were left with very little time to undertake educational activities
- * Lack of technical knowledge was another impediment. However, this was overcome to an extent by the training workshops
- * The teachers employed by the NGOs were responsible to that organisation. The team could not become involved in their administrative problems. This led to difficulties in monitoring
- * Frequent transfer and anxiety about job security were other factors of concern
- * The teachers were very conscious of differences regarding religion, sex and economic status. This became a hinderance in the implementation process, especially in co-ordinating between teachers of various project areas

CHETNA made various efforts to overcome these constraints. For example, at one of the project areas, a field level co-ordinator was appointed to assist and monitor the work of the teachers. This co-ordinator had worked with the selected NGO previously, therefore, it was expected that his experience would be useful.

However, his inefficiency had a negative impact on the teachers. This also affected the team's credibility. Much damage was done by the time the co-ordinator's services were terminated. The team then had to work hard to restore credibility with the teachers.

At every stage of implementation such challenges were faced and dealt with to ensure smooth functioning.

Experience with Evaluation Team

The Child-to-Child project was evaluated by a team from the Home Science College, M.S. University, Baroda. They did a process and impact evaluation of the project. Evaluation was on-going and participatory which was meant to provide constant feedback to the implementing team. It was extremely helpful to get an 'onlookers-view' for the strategy used and to enhance effective implementation.

There were however also some differences which at times influenced project implementation. These included

- * Too small a sample size for a comprehensive evaluation due to widespread geographical area
- * The difference between the academic and field biases of evaluation and CHETNA team at times led to difference in opinion regarding the depth of the subjects covered
- * A balance had to be struck between organisational as well as project needs. This led to differences in perception of effective implementation
- * Due to lack of role-clarity in the field, the teams were perceived to be in competition and the situation created confusion among the implementors. Fortunately appropriate action was taken to prevent irreversible damage.
- * Unsurpassed tension prevented constructive criticism at times
- * Pressure to respond to respective agenda needs of both the teams often led to delaying the implementation process. For example, the process could not be initiated on schedule as the baseline data collection was incomplete. Delay in organising content workshop led in turn to delay in post-data collection

The three year project implementation led to facing and resolving challenges at many levels. The major part of the first year went into planning and training the implementors. Implementation began in the second year and for various reasons such as turn- over of team members, CHETNA could not fulfill the demand of regular monitoring. During the latter part of second year and the entire third year, intensive monitoring and follow-up was done. These activities boosted the programme, enabling the implementors to increase the outreach effect.

"I am glad I do not believe in good-byes. They are too final. But I am going to be with children wherever I may be. That is why I want to note some important points I learned while working on this project

* If the project is to be implemented in more than one area, the differences that are bound to be there, should be considered.

* An appropriate balance has to be struck when planning the duration of the project, especially when a new concept, methodology or practice is being introduced.

* The organisations and implemenotrs, i.e. those who are going to work directly in the community are the key players. No effort should be spared to know and understand them.

* Above all, the field situation should always be kept in view when planning any activity. One task brings with it several little tasks. And each has to be considered if that one task is to be done well. In other words, be practical while planning and enthusiastic while doing.

Today was the last formal visit to the school. Motee's little brother has joined the school. She is happy at the way the 'baby' is growing up, and the brother is happy as he gets more time with

May, 1990

Motee. She herself is getting more and more involved in her school work.

When I was leaving, she gave me a card which she had made herself. A kind of abstract painting, which included all the colours of the rainbow."

Abstract from the diary of a field worker of the Child-to-Child project on the last day of the project at Meghraj.



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